PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10827305

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA												THAN
			(Column 1)		(Column 2)			TYPE		OR	• • • • • • • • • • • • • • • • • • • •	
TOTAL CLAIMS			9			·		RATE	FEE		RATE	FEE
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	9 minus 20=		•			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 1	ninus 3 =	•			X43=		1	X86=	
MULTIPLE DEPENDENT CLAIM PR			PRESENT					,,,,	 	OR	7.00-	
<u> </u>	f the difference	o in column 1 is	less than a	roro ontor	"0" in	column 2	' !	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770
	(CLAIMS AS A (Column 1)	AMENDE	MENDED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL I	
	1	CLAIMS		HIGHE					T 4001	۱ ٦		4551
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**	·	=		X\$ 9=		OR	X\$18=	
4ME	Independent	<u> -</u>	Minus	***		=		X43=		OR	X86=	
	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		f	+145=		1 1	+290=	
							L		l	OR		
							Δ	TOTAL DDIT, FEE		OR A	TOTAL DDIT, FEE	•
		(Column 1)		(Colum	n 2)	(Column 3)		0011.1 EE		• '		
		CLAIMS		HIGHE		1001011111107			1001	1 6	T	
8		REMAINING	•	NUMBI		PRESENT	- 1	DATE	ADDI-			ADDI-
		AFTER AMENDMENT		PREVIOL PAID FO		EXTRA	-	RATE	TIONAL FEE	1	RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=	7 6.6	OR	X\$18=	
ME	Independent	<u> -</u>	Minus	***		=	T	X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	LAIM		-	•		``` 		
							L	+145=		OR	+290=	
							ΑD	TOTAL DIT. FEE	·	OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column	n 2)	(Column 3)			•			
]	`	CLAIMS		HIGHES	ST				ADDI-	Г	T	ADDI-
ن ا		REMAINING AFTER		NUMBE PREVIOU		PRESENT	1	RATE	TIONAL		RATE .	TIONAL
ת ב		AMENDMENT		PAID FC		EXTRA	'	naie	FEE	- 1	TOOLE	FEE
AMENDMEN	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
E L	Independent	*	Minus	***		=		X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	OR -		
• 16	the entry is selve	no 1 io loos than th		0	• in :	2	<u></u>	145=		OR L	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR ADDIT. FEE												
T	he "Highest Numi	nber Previously Paid ber Previously Paid	For (Total or	independent)	is the h	3, enter 3." lighest number f			opriate box			